MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number: **10585035**

Filing Date:

Applicant(s) **Lutz MAY**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51							
2		1		1			52							
3		2		1			53							
4		2		1			54							
5		(1)		1			55							
6		(1)		1			56							
7		1		1			57							
8		1		1			58							
9		1		1			59							
10		2		1			60							
11		(1)		1			61							
12		(1)		1			62							
13		(1)	---	---			63							
14		(1)		1			64							
15		(1)		1			65							
16		(1)		1			66							
17		(1)		1			67							
18		(1)		1			68							
19		(1)	---	---			69							
20		(1)		1			70							
21		(1)		1			71							
22		(1)	---	---			72							
23		(1)	---	---			73							
24		(1)		1			74							
25		(1)		1			75							
26		(1)		1			76							
27		(1)		1			77							
28		(1)		1			78							
29		(1)		1			79							
30		(1)		1			80							
31		(1)		1			81							
32		(1)		1			82							
33		(1)		1			83							
34		(1)	1				84							
35		(1)		1			85							
36		(1)		1			86							
37		(1)		1			87							
38		(1)		1			88							
39		(1)		1			89							
40		(1)	1				90							
41		(1)		1			91							
42		(1)		1			92							
43		(1)		1			93							
44	1		1				94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							

	AS FILED		AFTER FIRST		AFTER SECOND	
Total Indep	2		4		0	
Total Depend	45	↵	36	↵	0	↵
Total Claims	47		40		0	